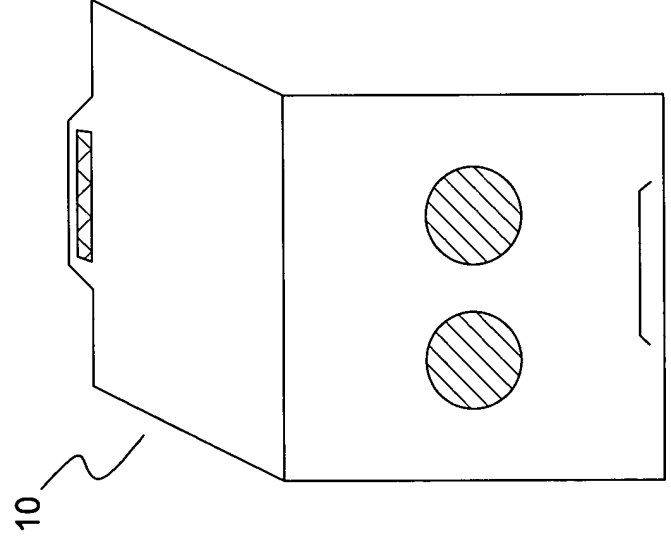


1



300

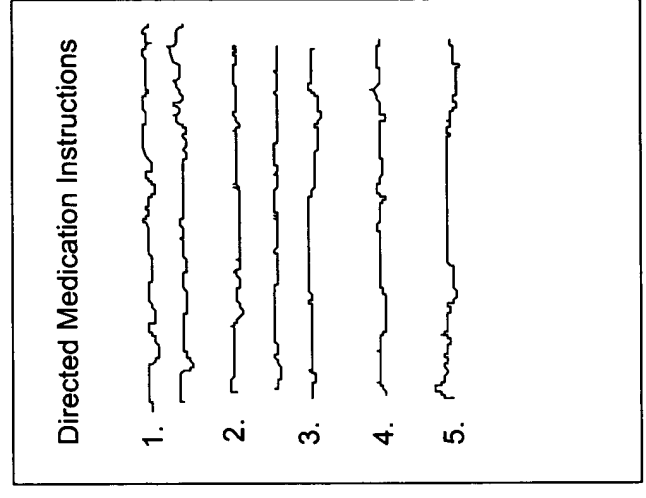


Fig. 1

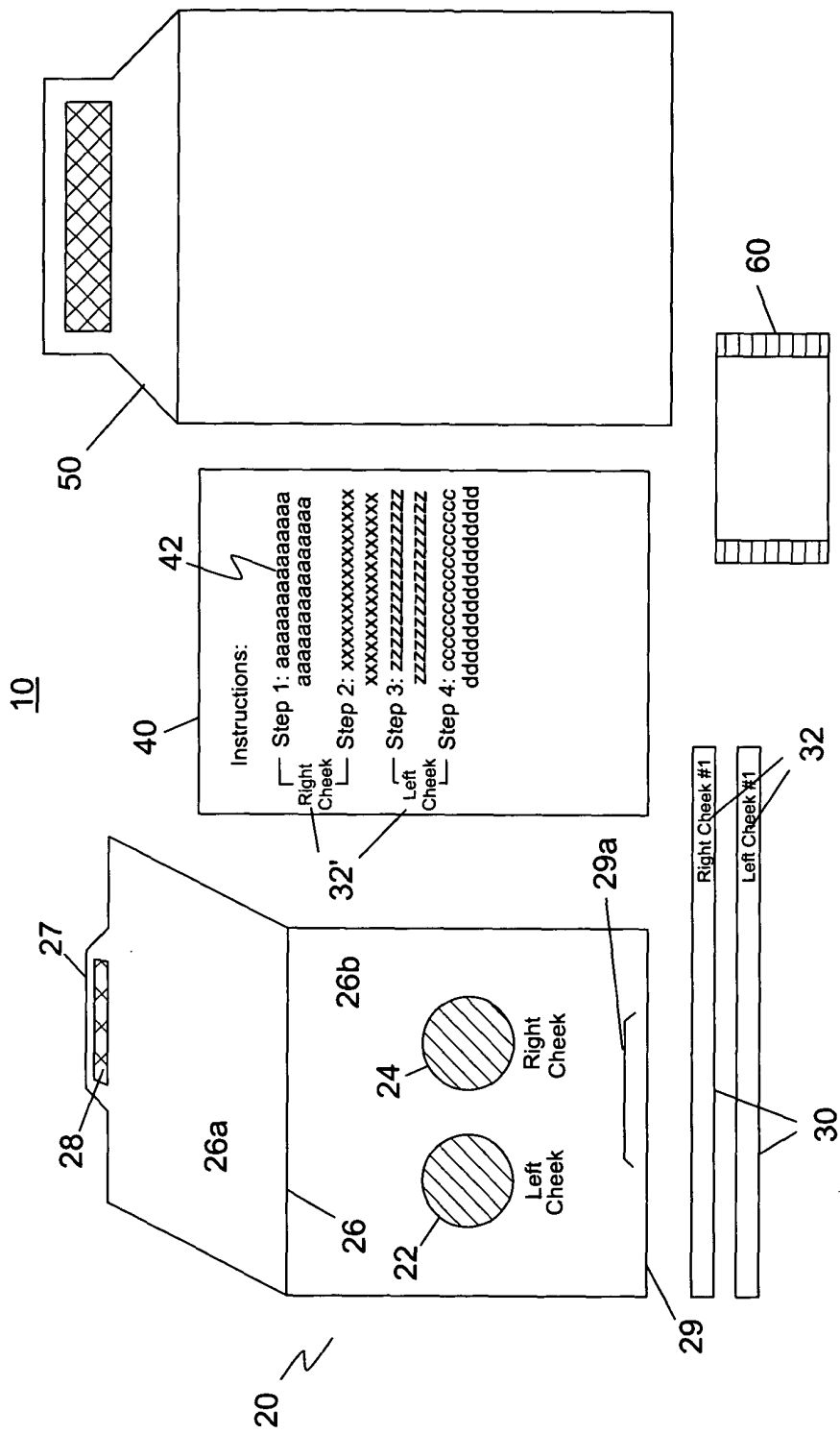
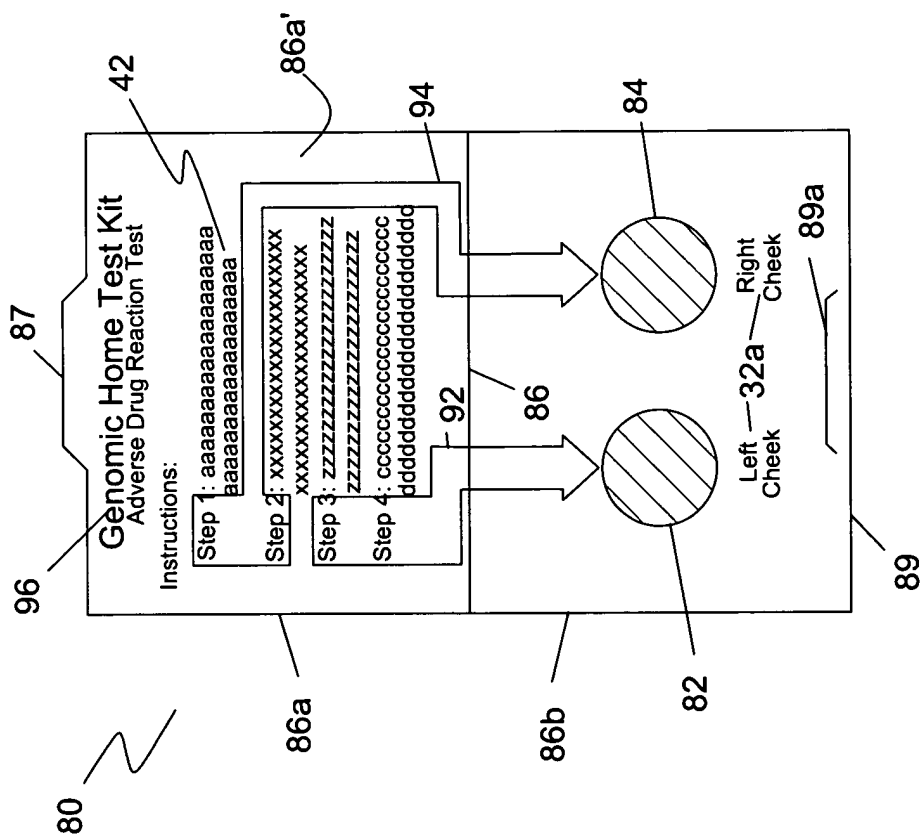
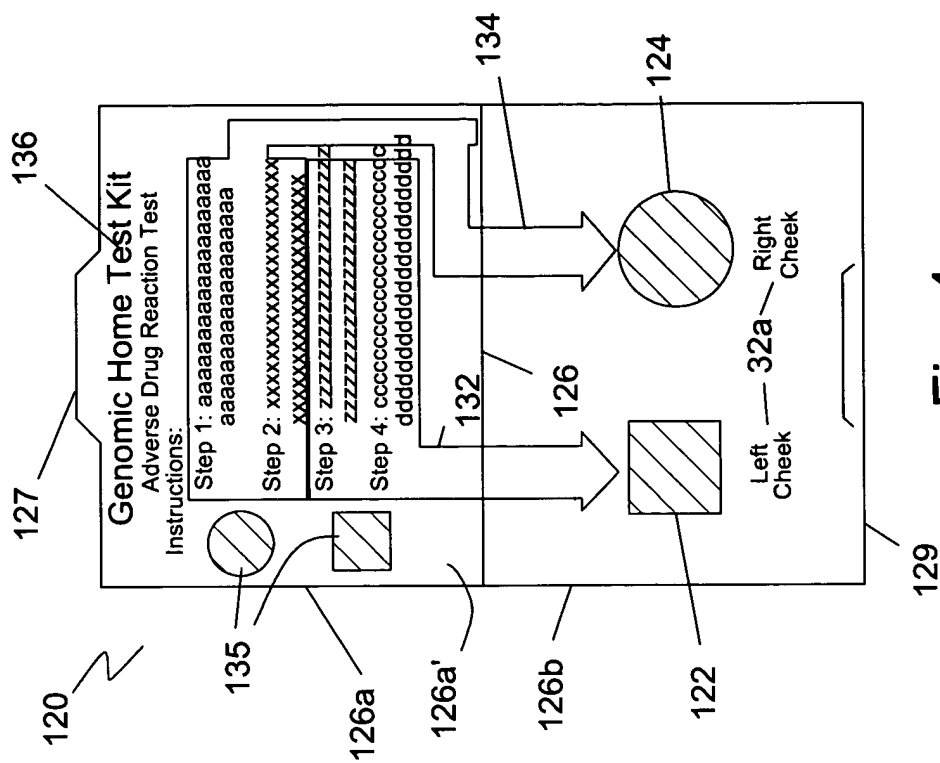


Fig. 2



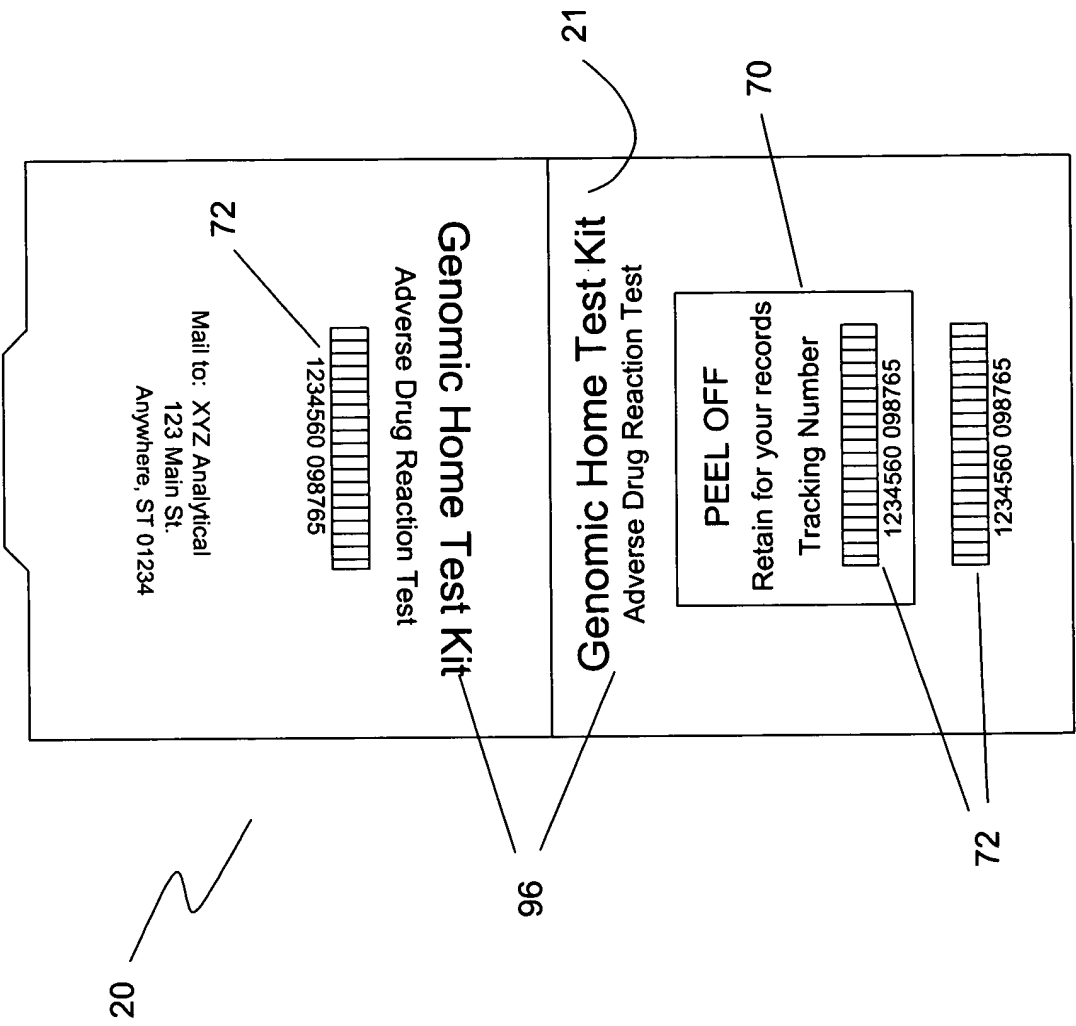


Fig. 5

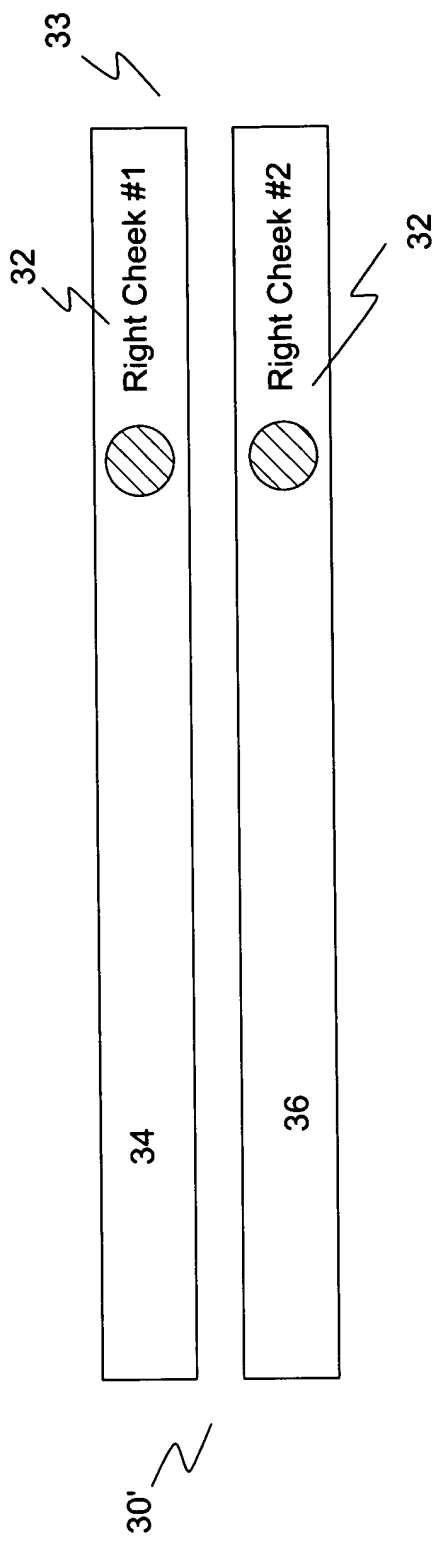


Fig. 6A

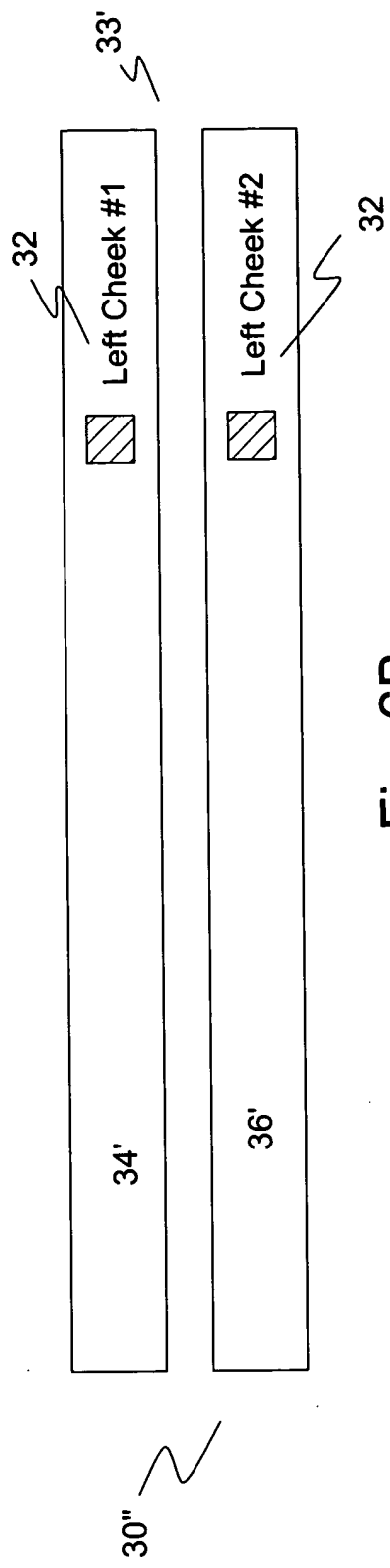


Fig. 6B

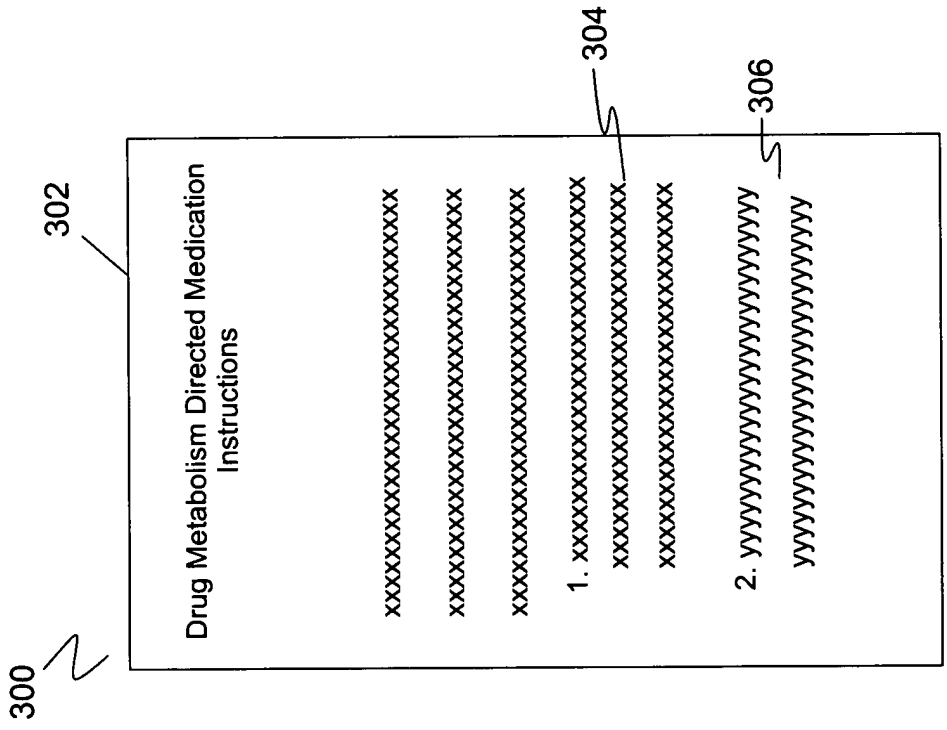


Fig. 7

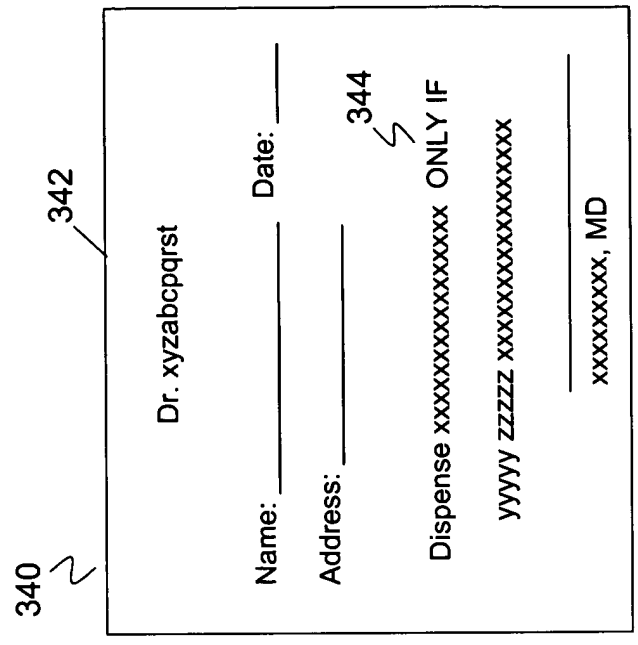


Fig. 8

Drr. Xyzabcpqrst	
Name: _____	Date: _____
Address: _____	
This medication is ONLY to be dispensed after the results of the drug metabolism test have been received.	
If test result is:	
346a	Positive: dispense xxxxxxxx
346b	Mid-positive: dispense yyyyyy
346c	Negative: dispense zzzzzz or call MD
xxxxxxxxxx, MD	

Drr. Xyzabcpqrs
 Name: _____ Date: _____
 Address: _____
 This medication is ONLY to be dispensed
 after the results of the drug metabolism
 test have been received.
 If test result is:
 Positive: dispense xxxxxxxx

 xxxxxxxxxx, MD

346b'

Dr. Xyzabcqrst Name: _____ Date: _____

Address: _____

This medication is ONLY to be dispensed
after the results of the drug metabolism
test have been received.
If test result is: _____
Mid-Positive: dispense yyyyyy _____

xxxxxxxxxx, MD

346c' _____

Dr. Xyzabcqqrst

Name: _____ Date: _____

Address: _____

This medication is ONLY to be dispensed
after the results of the drug metabolism
test have been received.

If test result is:
Negative: dispense zzzzzzz or call MD

xxxxxxx, MD

Fig. 9A

Fig. 9B

Drr. Xyzabcpqrst

Name: _____ Date: _____

Address: _____

Dispense: xxxxxxxxxx

Do not dispense more than 1 dosage unit

Do not refill

xxxxxxx, MD

350

Fig. 10

Drr. Xyzabcpqrst

Name: _____ Date: _____

Address: _____

This medication is ONLY to be dispensed
after the results of the drug metabolism
test have been received.

If test result is:

346a Positive: dispense xxxxxx

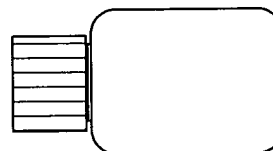
346b Mid-positive: dispense yyyy

346c Negative: dispense zzzzz or call MD

xxxxxxx, MD

340

344



350'

Fig. 11